Every item of infor-	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.
T RECED. 1	Exact state
PERMANEN EX A CT	erly classified ficate.
K—THIS IS	t may be prop
INFADING IN	erms, so that i
Y, WITH U	ATH in plain t
WRITE PLAI	CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.
	-WRITE PLAINT, WITH UNFADING INK-THIS IS A PERMANENT REC. D. Every item of information should be carefully sunnlied. AGE should be stated EXACTLY. PHYSICIANS should state

V. S. No. 1

STATE OF M	MARYLAND-	CERTIFICATE	OF	DEATH
------------	-----------	-------------	----	-------

9	INIL O	MIVIT	ILAND	CENTILIONIE OF BEATTI
1. PLACE OF DEAT	TH .			THE PORT OF THE PROPERTY OF TH
County Las	nerse	T		Registration Dist. No. 268
Village or City	00	ee l	nd	No. St., Ward
			/	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In cit	y or town where dea	ath occurred ≱	Lo_yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	· lass	e l	I wen	
(a) Residence: No.	6ha	mee	md	St., Ward.
DEDCONAL AND	D CTATICTIC	(Usual place		If nonresident give city or town and State
PERSONAL ANI				MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
7 8 4.000	OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	7eb 6 193 L
Trade C	oloceal	ma	med_	(Month) (Day) (Year)
a. If married, widowed, or divor HUSBAND of (or) WIFE of	ced /	111	THE RESERVE	22. I HEREBY CERTIFY. That attended deceased from
mo	nie	Bin	ens	Feb 5, 1936, 10 Feb 6, 1936
. DATE OF BIRTH (month, day	, end year)	045-0	The 2	I last saw h alive on , 193 _ ; death is said
. AGE Years	Months	Days	if LESS than	to have occurred on the date stated above, atm.
31	10	4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or pa	rticular			1
SAWYER, BOOKKEE	PER, etc			Henorchage bellewing
9. Industry or business in work was done, as S SAW MILL, BANK, e	which ILK MILL,	forme 1	ma la	a fremuting of the
TO. Date deceased last wor	ked at	11. Total t	ime (years)	- Verille
this occupation (mon year)	ith and	spe	ntin this upation	
	10000	, m		Other Coutributory Causes of Importance:
BIRTHPLACE (city or town). (State or country)	4	merce	e T	
13. NAME HE	-e. 1	ato la		
14 PIDTHOLAGE (-in	8		2	Neme of operation Date of
(State or country)	Ass	eane 7	md	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	imme			23. If death was due to external causes (VIOLENCE) fill in also the following:
16 PIRTURI ACE (situ or to	,	14.		Accident, suicide, or homicide?
16. BIRTHPLACE (city or to	Aome	asaT	md	Where did injury occur?
ma	210	R'	1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
7. INFORMANT (Address)	ant o	m	7.	opens, makes many states in the service in the serv
8. BURIAL, CREMATION, OR R	EMOVAL	-		Manner of injury
Place	e	Date de 6	- 9 1936	Nature of injury
9. UNDERTAKER	an x	+ Mm	red.	24. Was disease or injury in any way related to occupation of deceased?
(Address)	mario	77	md.	If so, specify
on EUED 4:01-9 th	36 Ron	n Well	tu	(Signed) M. M. D.
O. FILED, 1	J	-2	Registrar.	(Address) Deals Sland M.
)	If more bl	anks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis MAD = 1036	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A. P. S. U. V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	Every 1
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH ? 1. PLACE OF DEATH County Homena (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. __mos._____ds. How long in U.S. If of foreign birth?_____ yrs.____ mos.____ ds. (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIO OWED. 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of 1936 10 Feb. 1/4 1936 7. AGE Months If LESS than I day, ... hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc., O 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation. 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town). Name of operation (State or country) What test confirmed diagnosis?... Was there an aulopsy? HER 15. MAIOEN NAME 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town). Date of injury 19 (State or country) Where did injury occur?____. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or Injury in env If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	il il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 9267	31250	Mack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Hun over by street car	1 week ago
Cerebral hemorrhage	FUNI 1927	Peritonitis	3 days ago
·			e5 11 12 1
	1:43		
Other contributory causes of importance:	1.4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

PLACE OF DEATH	STATE OF MARYLAND
County of Management	CERTIFICATE OF DEATH Registration Dist. No. 266
Village or City Julian (No	St.: Ward) St.: Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MADRIES, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Febru 5 1996 (Month) (Day) (Year)
dout know -, 1858 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1925. to 1926, that I last saw h prairie on 1924 11
7 AGE If LESS than I day hrs. ds. or min.?	
CCUPATION Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Aurus Taring	(Durstion) 3 yrs. mos. de. Contributory Secondary (Durstion) yw de. (Ads.
OF FATHER John Smith: 11 BIRTHPLACE OF FATHER (State or country) Maryland	(Signed)
12 MAIDEN NAME OF MOTHER CIMELIA Smith 13 BIRTHPLACE	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs nos ds. Where was disease contracted, if not at place of death? Former or
(Informant) Full Son (Address) Sylvator	19 PLACE OF BURIAL OR REMOVAL Jydrion Jydrion Jydrion Jet 10, 193 4
15 Filed Fet/5 1986 Cerrie MVitcher Registrar	eng mo a Bradehand Cfd - md

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat mme, etc. wouten at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer fre-Housemaid, etc. If the occupation has been changed (a) Foreman, report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature retaples) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. . FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping Recommendations on statement of cause of cough; Chronic etc. valvular heart Always qualify all The contributory Measles; disease;

If this certificate is looked over thoroughly and all questions have red in detail, it will prevent further correspondence. All the late is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE	OF M	ARYLAND)—CERTI	FICATE	OF	DEATH	4000

1. PLACE OF DEATH	man
County Somerset	Registration Dist, No. 26 9
Village or City Tive	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Rusetta Cattina	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale G. G. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of Joseph S. Tottman	11 HEREBY CERTIFY That I attended deceased from 1936, to 4-6 3 1936
6. DATE OF BIRTH (month, day, and year) about 1.867	I last saw h Ak aliva on 7-6 3 ,1936; death is said
7. AGE Yaars Months Days If LESS than 1 dey,hrs.	to have occurred on the dete steted above, at
8. Treda, profession, or particular kind of work done, as SPINNER, House Ceeping SAWYER, BOOKKEEPER, etc.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	Catarrhal Bromobitis 12/20/3
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Kingston Mil	Other Contributory Canoes of Importance:
13. NAME Vathan Haywood	
14. BIRTHPLACE (city or town) Lington 1 2006	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy? 🚜
15. MAIDEN NAME UNKnown	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Alakana	Accident, suicide, or homicide? Data of injury19
(State or country) 17. INFORMANT LAURE Callings	Whara did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) (Trule, m	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Proble Aparting mate 4 CC - D ., 19 3 L	Nature of injury
19. UNDERTAKER AND	24. Was disease or injury In any way related to occupation of daceesad?
20. FILED 16 (1936 CP) Blancht Registrar.	(Signad) Slagn T. Audaman M. D. (Address) Through Aman Tid
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example 1	E 1	Example II	
The principal cause of death and related cause of importance were as follows:	Date of bonset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	_ 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1981	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	111111111111111111111111111111111111111	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 2004
county Somerset	Registration Dist. No. 263
1400.0.11	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Effile Dashiell	How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Tennale The state of the s	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of 14. G. Dashiell	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 13, 1877	i last saw h alive on 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1-8 11 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Crebns Hunerhay Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and a day) spent in this occupation.	
12. BIRTHPLACE (city or town) Moulyt Vernon (State or country)	Other Contributory Causes of importance;
13. NAME Dollus Jackson 14. BIRTHPLACE (citylor town). Mount Viernon	Orlin Filtros
4 14. BIRTHPLACE (city or town) Mount Vernon (State or country) many way.	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Josphine Sims.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Josphine Jims. 16. BIRTHPLACE (city or town). Mount Verson (State or country). Mount	Accident, suicide, or homicide?
17. INFORMANT Vernie Achson (Address) Mount Vernon	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or Io PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place mount virnor Date Feb 12, 1936	Manner of injury
19. UNDERTAKER Dale Dashiell	24. Was disease or injury in any way related to occupation of deceased?
(Address) Princesa anne ma	If so, specify
20. FILED Hels 12, 1976, Stephen O. Hoffe	(Signed) Dune D.

If more blanks are needed, address State Registrar, 2411 N. Charle Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Evample II

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis IND 7 1036	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
* > FAU Y. 8.			
, , , , , , , , , , , , , , , , , , , ,			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2035
1. PLACE OF DEATH	
County Somerset	Registration Dist. No. 26.3
Village or City. Mt Version	No. St., Ward
Length of residence in city or town where death occurred vis mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?
2. FULL NAME Ruby B. Dashiel	
(a) Residence: No. Dy, Jame, Route 1#	Ward. X
(Usual place of abode)	if nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH F. J. 4th, (Oay) 193 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of S. F. Dashiell	22, I HEREBY CERTIFY, That t attended deceased from 1981, to Feb. 144, 1936
6. DATE OF BIRTH (month, day, and year) aug. 9, 1887	Wast saw h. C. Y. ative on F. J. 1996; daath is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, atm.
48 6 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance ware es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. / fourtewife.	Bul. Feleverlein Date of onset
9. Industry or business in which work was done, as StLK MILL, SAW MILL, BANK, atg	
10. Date deceased last worked et this occupation (month and year) spent in this occupation was the second occupation with the occupation was the second occupation was the second occupation with the second occupation was the second occupation was the second occupation was the second occupation was the second occupation when the second occupation was the second occupation when the second occupation was the second occupation when the second occupation was the second occupation was the second occupation when the second occupation was the second occupation occupation when the second occupation was the second occupation occupation occupation when the second occupation was the second occupation occupat	
mitt 1/more	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME George H & Onlyre 14. BIRTHPLACE (city or town) Int Vernon	
14. BIRTHPLACE (city or town) Int Vernon	Name of operation Data of
(State of country) - maryland:	What test confirmed diagnosis? - Clease Alas there an autopsyllee
15. MAIDEN NAME Nova mc besityre	23. If death was due to extarnal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mt. V. Synony (State or country)	Accident, suicide, or homicide?
Scarce of country) - Marylena	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Laure Lagrann (Address) vielmington Delswork	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL INTERPRETATION OF REMOVAL INTERPRETA	Manner of injury
Place Law, 19 26	Nature of injury
19. UNDERTAKER Dale Pashell (Address) Princes Onse mo.	24. Was disaese or injury in any way retated to occupation of decoupation of deco
20. FILED FEB. 16. 1936. Stephen O. Tolks. Registrar.	(Signed) (Signed) (Addrass) (Addrass) (Addrass)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

91.0	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAR 7 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	ohritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	5. K A I Y. D.	July 5,1927	Perilonilis	3 days ago
1.0				
Other contributory	causes of importance:		Other contributory causes of importance:	
Gollstones	• 45 11 • 45 11 11 11	May 1,1923	Gastroenteritis	1 year
				<u> </u>

1	1	
(BAT	
1	141	

PHYSICIANS should state

stated EXACTLY. properly classified.

See instructions on back of certificate.

be

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

B.-WRITE PLAINLY,

AGE should be

of OCCUPA.

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	11	43	1
V	U	()	G

1. PLACE OF DEATH			-		1.11
County One	erset			Registration Dist. No.	761
Village or City	chabit	4 ma			St.,Ward
Length of residence in c	ltu as taum urbasa d	lanth conversed 7		death occurred in a hospital or institution, give its NAME instead of stre-	
	ity of town where o	L 7	9	1	
2. FULL NAME	Me w	0 0 44	senjo	If U. S. Veteran, specify WAR.	
(a) Residence: No.	172	(Usual place of	of abode)	St., Ward. If nonresident give city or toy	wn and State
PERSONAL AN	ID STATIST			MEDICAL CERTIFICATE OF DEA	тн
7. 1	OR OR RACE	5, SINGLE, MARK	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	
may m	lub.	rude		(Month) (Day)	(Year)
5a. If married, widowad, or dive	orced		11 (14)	22. I HEREBY CERTIFY, That I at	tended deceased from
(or) WIFE of Com	na . X	enfred	4	fur 1 1934 10 hb &	1936
6. DATE OF BIRTH (month, da	y, and year) @	et 7.19	64	Clast saw h alive on	
7. AGE Years	Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at 2 /t m.	
71	4	-	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows:	Date of onset
8 Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPPER, etc.				Went Del of Hunt	16.3 1736
9. Industry or business in which				- Milder was	
work was dona, as SAW MILL, BANK,	SILK MILL, etc.	tree.			
10. Oate deceased last wo		spen	me (years)		
year)	0	Z OCCU	pation 22	Other Coutributory Causes of Importance:	10 -
12. BIRTHPLACE (city or town (State or country)	sema	uj.		Clama myrandels	1934
	Luc X	aubrid)	Cloud And viguello	
E	Go	will be		Name of operation	
14. BIRTHPLACE (city or t (State or country)	OWN)	/	,	What tast confirmed diagnosis? Was the	
15. MAIDEN NAME	not be	con.		23. If death was due to external causes (VIOLENCE) fill in also the fo	
15. MAIDEN NAME 16. BIRTHPLACE (city or t	own)	<i>b</i>		Accident, suicida, or homicide? Oata of injury.	19
State or country)	my !			Where did injury occur?	and State)
17. INFORMANT Joseph Munth			y	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR	REMOVAL	watery y	1. 1 11	Manner of injury	
Placa Colones	13. D. Ser. 776	Oate	1.1, 192	Nature of injury	F
19. UNOERTAKER LICE	soul J	Alley	eugy	24. Was disease or injury in any way related to occupation of deceas	sad?
(Address)	oconu	ske Cet	A) Ma	If so, specify	
20. FILEO. 216.	1936 Gu	relia la	Hairson	(Signed) lenge C. C. rullins x:	M. D.
/	,		Registrar.	(Address) manna on	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ()	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AR	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY

V. S. No. 1

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

item of infor-

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	PLACE OF DE	ATH			(19)	
	County SON	nerset .			Registration Dist.	No. 261
	Village or City	Mari	on		NoNo	St., Ward
	Length of residence in	city or town where	death occurred		f death occurred in a hospital or institution, give its NAME inste	
2.	FULL NAME	George	Densor	1	If U. S. Veteran, specify WAR	
6	(a) Residence: No.	Mar	cion		St., Ward.	
-			(Usual place			ity or town and State
	PERSONAL A				MEDICAL CERTIFICATE OF	DEATH
3. S	M 4. COL	OR OR RACE	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month)	15- ,193 6 (Day) (Year)
5a.	f married, widowed, or di HUSBAND of (or) WIFE of		7 Denson	1	22. I HEREBY CERTIFY, T	A
6 D	ATE OF BIRTH (month, o	fav and year) I	av 10 1	853	I last saw h alive on	19 : death is said
7. A		Months 7	Days 5	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at .7. 35 G. The PRINCIPAL CAUSE OF DEATH and related ceuses of i	mportence
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased lest worked at this occupation (month end 1932 spent in this yeer) 12. BIRTHPLACE (city or town) Somerset County					Conny Qubeli	Data of onsat
				ent in this	Other Contributory Causes of importance:	lends
	(State or country)	·/	6-T-5-0-AA-	ird	Chine persuals	The
ER	13. NAME	Levin .	venson		7	
FATHER	14. BIRTHPLACE (city or	town)U	nknown		Name of operation	Date of
	(State or country)		17		What test confirmed diagnosis?	. Was there an autopsy?
MOTHER	15. MAIDEN NAME 16. BIRTHPLACE (city or (State or country)	town)	known		23. If deeth wes due to external causes (VIOLENCE) fill in a Accident, suicide, or homicide?	
17. INFORMANT Mrs Harvey Thomas (Address) Crisfield Md				(Specify city or town. Specify whether injury occurred in INDUSTRY, In HOME, o	, county and State) or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR Place Qui	nton cem	Date	eb 1819 36	Manner of injury	
	UNDERTAKER (Address)	mass.	radas ed m	daur dansse	24. Wes disease or injury in eny way related to occupation of the second	of deceased?
	-			Registrar.	(Addless)	-X

Su letter

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ll l	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

	HUGH	ANGIN RESERVED FOR DINDING	יו די	Or DI	DATION)	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE OLD. Every item of infor-	FH UNFAD	ING INK-TI	IIS I	S A PEI	RMANENT	RE on D. Ev	ery ite	m of in	for-
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	y supplied.	AGE should	be s	tated E	XACTLY	. PHYSICIA	ANS sl	s plnou	tate
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ain terms, s	o that it may	be p	roperly	classified.	Exact statem	ent of	OCCU	PA.
TION is very important. See instructions on back of certificate.	See instruc	tions on back	of ce	rtificate.					

V. S. No. 1 B

Date of Death County, Somewall County, S	STATE OF MARYLAND	CERTIFICATE OF DEATH 3038
Village or City. Cheer and sembler village or City. Cheer and sembler village or City. Cheer and sembler coursed on the semble of seaterand or sembler or semblers and sembler than the course of a sembler or semblers and sembler of seaterand or semblers. St. Ward. 2. FULL NAME for the sembler of seaterand or semblers and sembler of semblers or semblers and sembler of semblers or semblers and semblers. St. Ward. 11 U.S. Veteran, specify WAR. (a) Residence five for the semblers of several and semblers. St. Ward. 12 U.S. Veteran, specify WAR. (b) Ward. 13 U.S. Veteran, specify WAR. (c) Ward. 14 U.S. Veteran, specify WAR. (c) Ward. 15 U.S. Veteran, specify WAR. (c) Ward. 16 U.S. Veteran, specify WAR. MEDICAL CERTIFICATE OF DEATH 22. DATE OF DEATH 23. SEX. (c) Monthly (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		ORATE LIMITS OF
Cili destho occurred in a hospital or institution, give in NAME part and steet and number) d. How long, in U. S. In of foreign hith? J. J		
2. FULL NAME (a) Residence New Account of the what a peth occupred with the control of the cont	Village Dr City Creafield	No. Soulset are St., Ward
2. FULL NAME South St. Ward St. St. Ward St. St. Ward St. St. Ward St.		
(a) Residence No. Abnulus (Usualphee of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SIX		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRID, WIDOWED, OR DIVORED (write the word) 6. DATE OF DEATH 19.6 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. A		
3. SET MALE 1. S. SINGLE MARRIED, WIDOWED ON BIVORED (write the world) 1. S. If married, widowed, of divorced ON BIVORED (write the world) 1. S. If married, widowed, of divorced ON BIVORED (write the world) 2. If HEREBY CERTIFY, Thet I stended deceased from 19.3 C. 1. Lass saw h		
Male Mills Affile OR DIVORCED (write the word) Married, widowed, or givorced HUSBAID HUSBAID A profession, or particular Mills Affile Sarriad, profession, or particular Affile The PRINCPAL CAUSE OF DEATH and related causes of importance Ware es follows: Date of onest The PRINCPAL CAUSE OF DEATH and related causes of importance Ware es follows: Date of onest The PRINCPAL CAUSE OF DEATH and related causes of importance Ware est of lower The PRINCPAL CAUSE OF DEATH and related causes of importance The PRINCPAL CAUSE OF DEATH and related causes of importance The PRINCPAL CAUSE OF DEATH and related causes of importance The PRINCPAL CAUSE OF DEATH and related causes of importance The PRINCPAL CAUSE OF DEATH and related causes of importance The PRINCPAL CAUSE OF DEATH and related causes of importance The PRINCPAL CAUSE OF DEATH and related causes of importance The PRINCPAL CAUSE OF DEATH and related causes of importance The PRINCPAL CAUSE OF DEATH and related causes of importance The PRI		MEDICAL CERTIFICATE OF DEATH
55. If married, widowed, or givored HUSAND of Cory Wife of Sussess of Months Days If LESS than I day,		
HUSBAND of Con WIFE of Suracion M. Dischardon 5. DATE OF BIRTH (month, day, and yeer) Sub. 18 860 7. AGE Years Months Days If LESS than 1 day,hrs. ofmins. ofmin		
6. DATE OF BIRTH (month, day, and yeer) 7. AGE 8. Trada, profassion, or particular 9. AGE 10. Date deassed davox, at 2. ** 10. Date deassed abova, at 2. ** 10. Date deassed abov	HUSBAND of	22. I HEREBY CERTIFY That I strended deceased from
6. DATE OF BIRTH (month, dey, and year) 7. AGE 7. AG	(or) WIFE OF Susan M. Visharoon	A VIII
7. AGE Yaars Months Days If LESS than to have occurred on the date stated abova, at 1. 4D his. m. 1. day	6. DATE OF BIRTH (month, dey, and year) Pula / st 1860	
Street profession or particular Name of particular Name of operation Name of o	7. AGE Yaars Months Days If LESS than	
Rind of work done, as SPINNER College of the SAWYER, BODKKEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BODKKEPER, atc. 10. Date decased last worked at spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIPTHPLACE (city or town) (State or country) 14. BIPTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What tast confirmed diagnosis? Little Was there an autopsy Moles (State or country) What tast confirmed diagnosis? Little Was there an autopsy Moles (State or country) What tast confirmed diagnosis? Object (City or town) (State or country) Manager of operation. 23. If daeth we due to external causes (VIOLENCE) fill in elso the following: Accidant, suicide, or homicide? Date of injury Neme of operation. Was there an autopsy Moles (Specify city or town, country and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) Manager of injury 19. UNDERTAKER (Address) Manager of injury in any way related to occupation of decased? M. D. Registrer. (Address) M. D. Registrer. (Address) M. D. Registrer. (Address) M. D. Address) M. D. Registrer. (Address) M. D. Registrer. (Address) M. D. Address) M. D. M. D. Registrer. (Address) M. D. M. D. Registrer. (Address) M. D. M. D. Registrer.		were as follows:
Some of the second of the se	8. Trada, profession, or particular profession or particular profession of work done as SPINNER P	
work was done, as SILK MILL, SAW MILL, BAKK, etc. 10. Date dacasad last worked of this occupation (month and plann spent in this occupation (month and plann spent in this occupation) 12. BIRTHPLACE (city or town) (State or country) 13. NAME fazeful G. Daggagara 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMIDVAL Place (Address) 18. BURIAL, CREMATION, OR REMIDVAL Place (Address) 19. UNDERTAKER 19. UNDERTAKER 20. FILED 19. UNDERTAKER 24. Was disages or injury in any way related to occupation of deceased? 19. UNDERTAKER 20. FILED 10. Address) 10. Address 11. Total time (years) Spent in this occupation Dither Cantribulary Causes of Importance: What tast confirmed diagnosis? Little Was there an autopsy? M.D. 23. If dath wes due to external causes (VIOLENCE) fill in elso the following: Accidant, suicide, or homicide? (Address) What did injury occur? (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER 24. Was disages or injury in any way related to occupation of deceased? 11. Total time (years) 12. Was disages or injury in any way related to occupation of deceased? 11. Total time (years) 12. Life (Address) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What tast confirmed diagnosis? Little (Address) NAME 15. MAIDEN 16. BIRTHPLACE (city or town) (State or country) What tast confirmed diagnosis? Little (Address) Neme of operation. What tast confirmed diagnosis? Little (Address) Neme of operation. What tast confirmed diagnosis? Little (Address) Neme of operation. Neme of operation. Neme of operation. What tast confirmed diagnosis? Little (Address) Neme of operation. What tast confirmed diagnosis? Little (Address) Neme of operation. What tast confirmed diagnosis? Little (Address) Neme		mujocanditis for 12 1936
10. Date decased last worked of this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME fase/h G. Aughgron 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece (Address) 18. DURIAL CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 20. FILED F. Label 1, 193 & & & & Leveling 21. Total time (years) Specify clin in this occupation Dither Cantributary Causes of Importance: Date of Importance: What tast confirmed diegnosis? Level Was there an autopsy? M.D. 23. If daeth was due to external causes (VIOLENCE) fill in elso the following: Accidant, suicide, or homicide? Date of injury Whare did injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. Spacify whather injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE. Mannar of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of decased? 16. Signad) 17. Information of the cantributary of the completion of decased? 18. Spacify Mannar of injury 19. Was disease or injury in any way related to occupation of decased? 19. Was disease or injury in any way related to occupation of decased? 19. Was disease or injury in any way related to occupation of decased? 19. Was disease or injury in any way related to occupation of decased? 19. Was disease or injury in any way related to occupation of decased? 19. Was disease or injury in any way related to occupation of decased? 19. Was disease or injury in any way related to occupation of decased? 19. Was disease or injury in any way related to occupation of decased? 19. Was disease or injury in any way related to occupation of decased? 19. Was disease or injury in any way	9. Industry or Dusiness in which work was done, as SILK MILL,	Caronary Thromboors 1/20 22, 19
Dther Castributary Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME fase in Augustury 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMIDVAL Plece Caliabury Date 2 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED F. L. 1, 193 & & & & & & & & & & & & & & & & & & &		arteriosilerosio !:
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS

STATE OF MARYLAND—CERTIFICATE OF DEATH

tem of info

BINDING

RESERVED

ARGIN

No.

should

PHYSICIANS PERMANENT THIS may supplied carefully DEATH pe should OF mation

1. PLACE OF DEATH County Dom erset Village or City Oak willer Length of residence in city or town where death occurred 2. FULL NAME William (a) Residence: No. St., (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than 1 day hrs. or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc... back no 10. Oata deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation instructions 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME 14. BIRTHPLACE (city of town) (State or country) MOTHER important. 15. MAIOEN NAME 16. BIRTHPLACE (city (Stete or country) (Address) 18. BURIAL, CREMATION, OR REMOVAL CAUSE LION If so, specify ezistrar.

(If death occurred in a hospital or institution, give its NAME instead of street and number) ____ds. How long In U.S. if of foreign birth? Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Day) (Year) I HEREBY CERTIFY, That I attended deceased from to have occurred on the date stated above, at_____ The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Oate of enset Name of operation. What test confirmed diagnosis?_ Was there an autopsy?..... 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury______ 19_____ Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or la PUBLIC PLACE. Manner of injury Nature of injury__ 24. Was disease or injury any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH
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1 PLACE OF PEATU	2040
1. PLACE OF DEATH	20 270
County Smund	Registration Dist. No.
Village or City Cuopurls me	No. Macaney Arof ver Custinel Ward
Control and the first Control of the	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long In U.S. If of foreign birth?yrsmosds.
Length of residence in city or town where death occurredyrsm	
2. FULL NAME Sullow Drylunty	If U.S. Veteran specify WAR.
(a) Residence: No. Curpula m	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
or armed Co. august.	(Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of CONNECTED A Conduct 2 melles	
(or) WIFE of Infant ones hate	22. I HEREBY CERTIFY, That I attended decaased from
7,2/3/20	, 19, 10, 19, 19
b. DATE OF BIRTH (month, day, and year)	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
ormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	andest 1 2 malle Caffer Date of onest
SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL,	Orling July 26 36.
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	not ken,
(State or country)	_
13. NAME Rondon Wellengton	
14. BIRTHPLACE (city or town) Cuspulls mo	Nama of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Helma Durleysty	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
	0.44
16. BIRTHPLACE (city or town) Sansfrance Mg (State or country)	
10 A S 1 4	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Fullie Derylling	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) limpuis mid	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Streets Pate 19 19	Nature of injury
19, UNDERTAKER	24. Was diseasa or injury in any way related to occupation of deceasad?
(Address)	If so, specify
20 FILED 3/6 136 Quelea 12 1000 S.	ne (Signed) Tunge la Caselson. M. D.
10 S. Lo. 28	(Address) . Marian Trid

Segistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If more blanks are needed, a

V. S. No. 1

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Example I	i	Example II	
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Arteriosclerosis FINED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neparities	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 4 1936	July 5,1927	Peritonitis	3 days ago
BURTAN V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

20. FILED Feb. 22, 19 36.

County_

Somerset

STATE OF MARYLAND—CERTIFICATE OF DEATH

132	20		270	
	Registration	Dist. No	470	
Cready	Memoria	Host	fatir	

2041

Village or City	CrisTield	NDND	McCready	Memorial	Hospital	W
		(If death occu	rred in a hospital or ins	titution, give its NAME	instead of street and nu	mber)
Length of residence in c	ity or town where death occurred	_yrsd	s. How long in U.S.	If of foreign birth?	yrsmos.	

(a) Reside	nce: No.	(Usual place	of abode)	St., Ward. 1932 If nonresident give city or town and St.	ate	
PERSOI	NAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
F. Negro 5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 51 ng L e		21. DATE OF DEATH Feb. 22 , 1 (Month) (Oav)	193 6 . (Year)			
5a. If married, wido HUSBAND of (or) WIFE of	wed, or divorced None			22. I HEREBY CERTIFY, Thet I ettended der	ceesed from	
6. DATE OF BIRTH	(month, day, end yeer)	eb. 22,	1936.	Feb. 22 dead 19 36 to Feb. 26 Hest saw her aftern Feb. 22 19 36	death Is seid	
7. AGE Ye	ars Months	Deys	If LESS than 1 day, hrs. ormin.	to have occurred on the date steted ebove, et 8:15-16. The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence were es follows:		
9. Industry or work we SAW MI	assion, or particuler work done, as SPINNER, t, BODKKEEPER, etc business In which as done, as SILK MILL, LL, BANK, etc	None	ime (years)	Stillborn 4 1/2 months		
this occupation (month end spent in this occupation 12. BIRTHPLACE (city or town) Crisfield, Md. (State or country)			nt in this upation	Other Contributary Causes of Importance:		
13. NAME	Carl Quill	in				
H 14. BIRTHPLAC	E (city or town) Pen			Name of operation		
≥ (State o	AME Ruth E E(city or town) Cris or country) Ruth Elzie	field, N	/d.	23. If death wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE	, 19	
(Address)	Crisfie TION, OR REMOVAL	ld, Md.	. 22 19 36	Menner of injury		
Disposed 19. UNDERTAKER (Address)	of by Rosc	oe Nicke		24. Was disease or Injury In eny wey related to occupation of deceesed?		

(Address) Crisfield,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR @ 1998	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUPLAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

ord. Every item of infor-

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		Wear Triffe OF	1.00
County Samerset	WITH IN T	HE CORPORATE LIMITS OF Registration Dist. No.	65
Village or City Cresfield,		NoSt., loath occurred in a hospital or institution, give its NAME instead of street	
Length of residence in city or town whera deeth occurred	mos.	ds. How long In U.S. if of foreign birth?yrs	mosds
2. FULL NAME Odward	Grans	X	
(a) Residence: No. (Usual place of	of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEAT	Н
	RIED, WIDOWED, (write the word)	21. DATE OF DEATH Hely (Month) (Day)	, 1936
e. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Leva Evans		22. J HEREBY CERTIFY, That I attar	
DATE OF BIRTH (month, day, end yeer) not really	known		; death is sai
About 57 Months Oays	if LESS then l dey,hrs. ormin.	to have occurred on tha dete steted ebove, etm. The PRINCIPAL CAUSE OF DEATH end related causes of importance wera as follows:	Data of onset
Trede, profession, or perticular kind of work done, as SPINNER, Dea food I SAWYER, BOOKKEEPER, etc	norker	Bronelisal	Fred
Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc		Aneumour	2 9
11. Total ti this occupetion (month end spen	me (yeers) t in this pation	<u> </u>	
2. BIRTHPLACE (city or town) Donnessel	0.11	Other Cautributory Causes of importance:	7:1
(Stata or country) 13. NAME Office D, Evans	0101	- Muly	. 3
13. NAME M. D. & Naus / 14. BIRTHPLACE (city or town)		Name of operation Oete Whet test confirmed diagnosis? Wes there	of
15. MAIDEN NAME Clinghell Mai	son	23. If daeth wes due to external causes (VIOL ENCE) fill in also the folio	
15. MAIDEN NAME Cligabeth Mai 16. BIRTHPLACE (city or town) Md		Accident, suicide, or homicide? Data of injury Where did injury occur?	
7. INFORMANT And South	Md	(Specify city or town, county and Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	State) D PLACE.
8. BURIAL, CREMATION OR REMOVAL PIECE Sissield Cemelety Date Theb	15 1036	Manner of injury	
9. UNDERTAKED IS BUNSON, (Address)	Md.	24. Was disease or Injury in any way related to occupation of deceased if so, specify	?
10, FILED 7-66 15, 1956 Plate	alling Registrar.	(Signed) & Wells (Address) Larishield	ns w.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		6 <u>— — — — — — — — — — — — — — — — — — —</u>	

PHYSICIANS should state Exact statement of OCCUPA-

LY, WITH UNFADING INK-THIS IS A PERMANENT RY mation should be carefully supplied. AGE should be stated EXACTLY. ARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEA	STATE O	MARY	AND-	CERTIFI	CAT	E OF	DEATH
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ľ	County S	omerset			Registration Dist. No. 265	
	Village or City	Crisfie	ld WI		CORPORATE LIMITS OF	Ward
	Length of residence in ci	ity or town whare o	daath occurred.		death occurred in a hospital or institution, give its NAME instead of street and r	
	2. FULL NAME			rald, Jr.		
	(a) Residence: No.				St., Ward,	
	(a) Residence. No		(Usual pla	ace of abode)	If nonresident give city or town and	State
	PERSONAL AN	D STATIST	ICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Male CO	R OR RACE		ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH Feb. 25, (Month) (Day)	, 193 6 (Year)
5a	. If married, widowed, or divo HUSBAND of (or) WIFE of	prced			22. I HEREBY CERTIFY, That I attended	dacaased from
		777	h 05	1076	, 19, to	
_	DATE OF BIRTH (month, day AGE Years	y, and year) P C Months	b. 25,	1936	to have occurred on the date stated above, at 1:15 A	.; death Is said
	Mora	Mondis	00,5	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance	
-	8. Trade profession or no	articular		ormin.	were es follows:	Date of enset
NO.	8. Trade, profession, or pa kind of work dona, SAWYER, BDDKKEE	as SPINNER, PER, etc.	19-		STILLBIRTH	
OCCUPATION	9 Industry or business in	which				
3	work was dona, as S SAW MILL, BANK,	etc				
00	IO: Date deceased last wor this occupation (mo year)	nth and		al tima (years) spent in this occupation		
12	BIRTHPLACE (city or town) (State or country)	Cris	field,	Md.	Dther Contributory Causes of importance:	
2	13. NAME .Toe	Thomas	Geral	d-		
FATHER	14. BIRTHPLACE (city or to		Md.		Name of operation	
-	(Stata or country)	04-74	77 T	3.	What tast confirmed diagnosis? Was thera an a	utopsy?
MOTHER		adeline		hns on	23. If death wes due to external causes (VIOLENCE) fill in elso the following	
Ž O	16. BIRTHPLACE (city or to	wn)	Md.		Accident, suicide, or homicide? Date of Injury	, 19
-	(State or country)				Where did injury occur?(Specify city or town, county and State	e)
17	.INFORMANT Made (Address)	line V.	Johns	on	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ÁĆE.
18	BURIAL, CREMATION, DR R	lot	Date Fe	b. 26 ₁₉ 36	Manner of Injury	
10	UNDERTAKER JOE	Thomas	Gerald		24. Was disease or injury in any way related to occupation of deceased?	
19	. UNDERTAKER	field.			If so, specify $Q = Q$	
20	FILED Feb. 26			llins Registrar.	(Signed) SOBSONTHS (Address) Crisfield, Md.	M. D.
-		**				

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
9867 3			
Other contributory causes of it portance	(2)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
10	1		L

V. S. No. 1

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	RI	tion	SO	NO	1
7.	=	mation should be carefully supplied. AGE should be stated EXACTLY. PHYS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sta	TION is very important. See instructions on back of certificate.	- Daniel
A . D. ING. T	N. BWRITE PLAINLY, WITE UNFADING INK-THIS IS A PERMANENT KALARD		_	-	100
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STATE OF MARYLAND—CERTIF	ICATE OF DEATH 2044
1. PLACE OF DEATH	- (93-je) V
County Sorpers	Registration Dist. No. 26£
Village or City No.	St., Ward
THE PROPERTY AND ADDRESS OF THE PROPERTY OF TH	w long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Francia M. Gifabi	~0
(a) Residence: No. Neofls aslaws, N	World.
(Usual place of abode)	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Level 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tely 3 1936
5a. If married, widowed of divorced HVSBAND of	
(or) WIFE of John t. Lebson 22.	HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Hell 1894 Ilast saw h.a.	alive on 29, 1936; death is said
	on the date stated above, at3 am.
ormin. were as follows:	CAUSE OF DEATH and related causes of Importance
8 Trade, profession, or particular kind of work done, as SPINNER days SAWYER, BOOKKEPER, etc.	
9. Industry or business in which	10 morrhage Jeb3,
	1931
SAW MILL, BANK, etc. 10. Date deceased last worked at 2/2/36 spent in this occupation were serviced by the service occupation occupation.	
	Pry Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	- 01 914
II 13. NAME SLO. I Love	1920
13. NAME 14. BIRTHPLACE (city or town) Name of operation (State or country)	on
What test confirm	med diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) Accident, suicide	ue to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Many Care Accident, suicide	e, or homicIde?, 19,
X (State or country) Where did injury	
17. INFORMANT Specify whether (Address)	(Specify city or town, county and State) Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	·
Place Date Tely 6, 19 26 Nature of Injury	
19 UNDERTAKER TOBEL 24. Was disease of	or injury in any way related to occupation of deceased?
(Address) Seal law III so, specify	Chan II A
20. FILED Foly 5, 1936 Roma Welster (Signed)	dress) M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Str	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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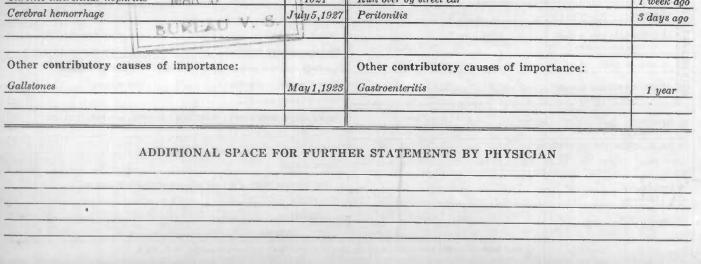
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Chronic interstitial nephritis MAR 5 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	w^*	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



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	VENT RESERVE Every item of infor-	TLY. PHYSICIANS should state	fied. Exact statement of OCCUPA-
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH WITHIN THE Registration Dist. No. CORPORATE County Village or City ris. (If death occurred in a hospital or institution give its NAME instead of street and number) mos. 29 ds. How long in U.S. if of foreign birth? yrs. mos. ds. Length of residence in city or town where death occurred / / vrs. If U. S. Veteran, specify WAR (a) Residence: No. Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) Single 5a. If married, widowad, or divorced HUSBAND of PERMAR (or) WIFE of EX. 22-1929 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Months Days 1 day....hrs. 29 or____min. 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, Jo SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... back ınay 10. Date daceasad last worked at no 11. Total time (years) this occupation (month and occupation instructions year) 12. BIRTHPLACE (city or town) (Stata or country) supplied 13. NAME See 14. BIRTHPLACE (city or town) (State or country) carefully d important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur?___ pe

If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH to have occurred on the data stated above, at _ Z-Q A m. The PRINCIPAL CAUSE OF DEATH-and related causes of importance Name of operation_____ What test confirmed diagnosis? _____ Was there an autopsy?____ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury______ 19_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify Registrar. (Address) ___

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MUMPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

19. UNDERTAKER ... (Address)

M)	infor	state	UPA-
		S A PERMANENT RECORD. Every item of infor-	ated EXACTLY. PHYSICIANS should state	operly classified. Exact statement of OCCUPA-
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	OR BINDING	RMAN	XAC	classifi
	OR B	S A PE	ated E	roperly

A. te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state JPA-	1. PLACE OF DEATH	(ISI)
d S	County () omerset	Registration Dist. No. 270
should f OCC		Constantibil Dist. No.
sh		death occurred in a hospital or institution, give its NAME instead of street and number)
at S	Length of residence in city or town where death occurred 3 4 yrs. 7 mos	
CIAN	2. FULL NAME William Hickman	If U. S. Veteran, specify WAR
rSICIANS	0 - 1 0	1
PHYSI ict stat	(a) Residence: No. CUM Comm. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
× 1	OR DIVORCED (rurite the word)	(Month) (Day) (Yaar)
T.I.	5a. If married, widowed, or divorced	(Month) (Dáy) (Yaar)
X A C	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
X A Class	10	ph 1 ,1036, 10 Fro /7 ,193.
	6. DATE OF BIRTH (month, day, and year) LIC 3 1881	t last saw h allve on Feb 17, 1936; death is sai
d erl ica	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11/10 a.m.
stated E properly certificate	34 2 14 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	Trade, profession, or particular	acul & J Heat Date of once
be of	sawyer, BDDKKEEPER, etc. Farmer	and neglato usena.
nay back	industry or business in which work was done, as SILK MILL,	
	SAW MILL, BANK, etc	
	11. Total tima (years) this occupation (month and) and spent in this	
AGE that ons	yaar) occupation	Other Contributory Causes of Importance:
oplied. AGI	12. BIRTHPLACE (city or town) Omersel county	Classe Dut buyling
s, s	(Stata or country)	Oline, muchely
upplied. terms,	13. NAME Lorge Hickman	
2 4 5	14. BIRTHPLACE (city or town) Someract County	Name of operation
y su lain See	(State or country)	What test confirmed diagnosis? Was there an autopsy?
ft p	15. MAIDEN NAME Sallie Cox	23. If death was due to external causes (VIOLENCE) fill In also the following:
careful TH in p	15. MAIDEN NAME Safte Cox 16. BIRTHPLACE (city or town) Bruerset County (State or country)	Accident, suicide, or homicide? Data of injury19
car TTH port	State or country)	Where did injury occur?
be EA im	17. INFORMANT Mrs John Crockett	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should OF D	(Addrass) Confield And	
N CO N	18. BURIAL, CREMATION, OR REMOVALD	Manner of injury
ation s AUSE ION is	Place I / 1 Club Cline Date Tit 19 , 1936	Natura of injury
AUS ION	19 HNDERTAKER JAMABOOMS	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify

(Address) museum

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SUSPEN V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AT B	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	. •		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

:=	02	0	1
ITE UNFADING INK-THIS IS A PERMANENT RECORD. Every it	illy supplied. AGE should be stated EXACTLY. PHYSICIANS :	plain terms, so that it may be properly classified. Exact statement o	
I REGO	Y. PH	Exact	
RMANEN	XACTL	classified.	
TE UNFADING INK-THIS IS A PERM	stated E	properly	Can inctmediane on heal of contificate
HIS	be	pe	30
NK-T	plnous	it may	Jank my
I DNIC	AGE	so that	ation of
UNFAI	upplied.	terms,	o inchair
ITER	Illy S	plain	S

P V	STATE OF MARYLAND—	CERTIFICATE OF DEATH
and a	1. PLACE OF DEATH	CORPORATE LIMITS OF
000	County Ombosed William III	Registration Dist. No. 265
of OCC	Village or City Crisfield	No. 310 death occurred in a hospital or institution, have its NAME instead of street and number)
ement	Length of residence in city or town whole death occurred 3 - 0 -yrs mos.	
	3	land If U. S. Veteran, specify WAR
	(a) Residence: No. / Drovid Way (Usual place of abode)	St., Ward. If nonresident give city on town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH To the state of the state
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HUSBAND OF	22. HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) Que 3 /852	195 4, to + 50 195 6; death is sah
	6. DATE OF BIRTH (month, day, and year) 4 3 2 7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at
	83 6 12 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trede, profession, or perticular kind of work done, as SPINNER, Houseworks SAWYER, BOOKKEEPER, etc	Polosomia hall st
	9. Industry or business in which	2 respectively
	SAW MILL, BANK, etc.	103
	10. Dete decessed lest worked at this occupetion (month and yeer)	7-7-5
l	Oma Na i ana	Other Contributary Causes of importence:
ı	12. BIRTHPLACE (city or town) And (State or country)	
	# 13. NAME Hewy Howard	
	E marion	No. of a subtraction
	14, BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
l	IS MAIDEN NAME Character?	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
	16. BIRTHPLACE (city or town) Unlawan	Accident, suicide, or homicide?
	(State or country)	Where did Injury occur?
	17. INFORMANT Aus. EH Hallang (Address) (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
	Place Suffice Une Date Tit 1, 1936	Nature of injury
	19. UNDERTAKER JOHN Which and	24. Was disease or Injury in any way releted to occupation of deceased?
1	20. FILED 726 17, 1936 lo & le cellin	(Signed) 6 & Callins M. I
	Registrar.	(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

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-	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

(B) =	CAUSE OF MPORTANT.	COUNTY OF Tangier Sound COMMO	TIFICATE OF DEATH DINWEALTH OF VIRGINA DEPARTMENT OF HEALTH
(M) \$	NE SE	DISTRICT OF	UREAU OF VITAL STATISTICS
35	OF I CAL IMPC	or Maryland REGISTRATIO	ON DISTRICT NO REGISTERED NO. 266
52	EM O	OR (No Tens	gier Sound, Maryland stward)
9	TE VEI	(If death occurred in a hospital or other institution	on, give its NAME instead of street and number)
	JERY STATE ON IS	Length of residence in city or town where death occurred	dsHow long in U. S., if of foreign birth?yrsmosds
	EVERY STA1	2 FULL NAME Wilbert Vernon Hunter,	
	AT	Wentworth Rd & Park D	
	ECORD. EVERY IS SHOULD STATE OCCUPATION IS	(A) RESIDENCE. No. (Usual place of abode)	(If nonresident give city or town and State)
	RECORD INS SHO F OCCUR	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
CA	, 40	3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH (month, day, and year) Feb 7, 1936
11	SIC SIC	Male White OR DIVORCED (write-fbe word) White White	22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM
1	MANENT PHYSICI TEMENT O	5a. If MARRIED, WIDOWED, OR DIVORCED	, 1, To, 1, 1
	G PERMANENT Y. PHYSIC	HUSBAND OF Esther S. Hunter	I LAST SAW H ALIVE ON 1 DEATH IS SAID
	NG NG CT S		TO HAVE OCCURRED ON THE DATE STATED ABOVE, ATT : 40 P . N
	BINDING S IS A P EXACTLY D, EXACT	6. DATE OF BIRTH (month, day, and year) 17, 1904 7. AGE Years Months Days IF LESS THAN	THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE IN
		31 8 20 I DAY, HRS.	ORDER OF ONSET WERE AS FOLLOWS: Date of onset
	TH	ORMIN.	Bul Dunger 10
		8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SETGENT SAWYER, BOOKKEEPER, ETC.	CA Justine
	5 = 5	SAWYER, BOOKKEEPER, ETC.	
	(/) · · · · · · · ·	WORK WAS DONE, AS SILK MILL, SAVING . STATE POLICE	
		MILL, BANK, ETC	CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED TO
	SIN	THIS OCCUPATION (Month and 1 SPENT IN THIS OCCUPATION THE VES.	The state of the s
	(WRITI AGE SH	Doltimone	an all of equilibrian
	¥ . \$	12. BIRTHPLACE (city or town) Baltimore, Md.	Jangreh Juinel
1	100 000		NAME OF OPERATION
	ADING SUPPL THAT	13. NAME Clinton M. Hunter 14. BIRTHPLACE (city or town) Baltimore,	WHAT TEST CONFIRMED DIAGNOSIS! WAS THERE AN AUTOMOTION
		14. BIRTHPLACE (city or town) BELLIMOTE, (State or country)	23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILE IN ALSO THE
	UNF	Emma M Parrich	ACCIDENT, SUICIDE, OR HONICIDE? DATE OF July 1936
45911	WITH CAREFU TERMS,	里 15. MAIDEN NAME	WHERE DID INJURY OCCUR! alave
	WITH	16. BIRTHPLACE (city or town) Baltimore, Md.	(Specify city or town, county, and State) Specify whether in to opcupred in inputary, in home, or in public
	INLY, D BE PLAIN		PLACE. Public Place
		17. INFORMANT Mrs. Esther S. Hunter (ADDRESS) Wentworth Rd. & Park Dr.	MANNER OF INJURY as allase
	FP.		NATURE OF INJURY as alique
N	TE N S	18. BURIAL, CREMATION, OR REMOVAL Parkwood Cemetery DATE Feb. 193	
F-1	WRIT! TION DEAT	-Ralto Md.	DECEASED? Ils- Trying to help manganes
5/		19. UNDERTAKER E. Lee Cox and Brother	IF SO, SPECIFOR & Dangler Islanders
É		(ADDRESS) Nor folk, Va.	MANA - I and a letter
I V DE	TTO	2.10.76 1 J. C. Clet	(SIGNED)
1 SEN	1 10 FOC4	M RIGHTBAR MODE C HATE De Lating Regular.	(ADDRESS)



STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(B).
County Souffell	Registration Dist. No. 26
Village or City & hand	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME WIRLD JONIST	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wright the word) 5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH 7 24 , 1936 (Year)
(ar) WHEE OF Colina Jouls	22. HEREBY CERTIFY, That I attended deceased from 1934 to Feb. 24 , 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on F 2.3, 19.3 & ; death Is said
/ 1 ay 1 day,hrs.	to have occurred on the date stated above, at
Trade profession or particular	were as follows:
A Trade, profession, or particular kind of work done, as SPINNER, Mallanay SAWYER, BOOKKEEPER, etc.	omount Consultation
9. Industry or business in which work was done, as SILK MILL,	Nepturto
SAW MILL, BANK, etc	Paralysia, (Herm please)
10. Date deceased last worked at this occupation (month and year)	
CHANCE MD	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) OFFAINOL, 19101	
13, NAME Cadroge of fore	79 Jahren on Camenax
13. NAME Codrowd For O 14. BIRTHPLACE (city or town) CHANCE, MD.	Name of operation
(State or country)	Name of/operation Oate of What test confirmed diagnosis? Was there an au'opsy?
# 15. MAIDEN NAME Caliza Jones	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) CHANCE, MD,	Accident, suicide, or homicide? Date of Injury 19
(State or country)	Where did injury occur?
17. INFORMANT Grant James (Address) CHANCE MD	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place To France M& Date plb 26, 1936	Nature of injury
19. UNDERTAKER Tred J. Stebatur (Address) Deals Island md	24. Wes disease or injury in any way related to occupation of deceased?
20. FILEO FICY 25-, 1936 Rom Welster Registrar.	(Signed) (Address) CHANCE, MD.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I		il il	Example II	
The principal cause of de of importance were as fol	eath and related causes	1	of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis			1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MAR 5 1936		1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	mina () Adma	July	y5,1927	Peritonitis	3 days ago
	PURPAULY. S.				
Other contributory cause	s of importance:			Other contributory causes of importance:	
Gallstones		Ma	y 1,1923	Gastroenteritis	1 year

-WRITE PLA

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

2051

1. PLACE OF DEATH	P	(131)
County Some	SEY WITHIN TH	E CORPORATE LIMITS OF Registration Dist. No. 2 65
Village or City Cissie	Ed .	NoSt. Ward
Length of residence in city or town where deel	INVINE (all that)	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
A. 0	AA BOURD	
2. FULL NAME CANASIC	11 s Dun von	If U. S. Veteran, specify WAR
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yoer)
5a. If married, widowed, or divorced HUSBAND of	2	
(or) WIFE of Jose Baws	on Deced	1 HEREBY CERTIFY That I ettended decessed from
6. DATE OF BIRTH (month, dey, and year) Mass	h 9th 1848	I lest saw h. 27 elive on . 7 w. l. 9
7. AGE Years Months	Deys If LESS than 1 dey,hrs.	to heve occurred on the dete stated above, et Z m.
87 11	10 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	usekeelen	Chave my roiseis
9. Industry or business in which work wes done, as SILK MILL,	"	Clirain negalitis
SAW MILL, BANK, etc	11. Totel time (yeers)	
this occupation (month and	spent In this	
P	20-1	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	A -	Way of the Museum
13. NAME JOHN N. D.	terling	The state of
13. NAME THE 14. BIRTHPLACE (city or town).	MJ. T	Neme of operation Dete of
(State of country)	100	What test confirmed diegnosis? Wes there an eutopsy 245
15. MAIDEN NAME Harrell 16. BIRTHPLACE (city or town)	yawsou.	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	10 · · · · · · · · · · · · · · · · · · ·	Accident, suicide, or homicide?
17. INFORMANT MA . Edgar MI	heady;	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	ca Ma	Manner of Injury
Place asbury Cercelehics	Dete Tel. 22 3, 1936	Neture of injury
19. UNDERTAKER & Saw	2021	24. Wes disease or injury in eny wey releted to occupation of deceased?
(Address)	stiller	If so, specify
20. FILED Feb 21, 19. 3 6	lot levelin	(Signed) (Signed) M. D. (Address) Crisquid rud

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	Date of onset	
	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
* * TAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Cord. Every item of infor-PHYSICIANS should state Exact statement of UCCUPA. UNFADING INK-THIS IS A PERMANENT N stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. -WRITE PLANALY, WITH N

FOR BINDING

IARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2002
1. PLACE OF DEATH	
County Ombract	Registration Dist. No. 264
Village or City Tairmount	No. State Road facility St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredOyrs mos	
2. FULL NAME Warren W. Lay	hield
(a) Residence: No. State Road For It	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 28 1936
ia. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(OF) WIFE of Margaret Emily Fayfull	22. I HEREBY CERTIEY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) July 34 98617	last saw h alive on Feb 28 , 193 6; death is sa
AGE Years Montps Days If LESS an	to have occurred on the date stated above, atm.
68 7 4 day nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Can de de la Coma Data of one
SAWYER, BDDKKEEPER, etc	17 P
kind of work done, as SPINNER, Joul Wahu SAWYER, BDDKKEFER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	3
1 I TO Date descended and securined at the 1 11 Total time (
this occupation (month and year) - occupation - occupation	
P. Garage	Other Contributory Causes of Importance.
2. BIRTHPLACE (city or town) (State or country)	Clerry Odefferd
	Diefleste 9,
Mar Fords	mela capacitation
14. BIRTHPLACE (city or town)	Name of operation. Date of
	What test confirmed diagnosis - Was there an autopsy? /
Tail to	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary Gesly Ford 16. BIRTHPLACE (city or town) Fairment (State or country)	Accident, suicide, or homicide?
m. G.Th. Carlin	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT TWO Orional action (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Farmout Cias. Date Meh! 1936	Nature of injury.
19. UNDERTAKER John a Budston	24. Was diseese or injury in eny way related to occupation of deceased?
(Address) Confield and	If so, specify
20. FILED Mar / 136 896 Dickmeon	(Signed)
Registrar.	(Address) Suffer Color

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	+	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis . A 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Village or	7	huld		CORPORATE LIMITS OF Registration Dist, No. 2 No. 4 A D St., f death occurred in a horpital or institution, give its NAME instead of street and s. How long in U.S. If of foreign birth? yrs. m	
2. FULL N	AME Nan ence: No. J. X 4	Ma th Ptu (Usual place	nable	If U. S. Veteran, specify WAR	
PERSO	NAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 7.	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED,	21. DATE OF DEATH The second of the second	., 1936 (Year)
5a. If married, wid HUSBANO o (or) WIFE of	0 .	me		22. I HEREBY CERTIFY, That I ettended	
6. DATE OF BIRT	i (month, day, and year) A	intano	un 1874		
7. AGE about	62 Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated ebove, at . Q . QQ . m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
e kind o	fession, or particular f work dona, as SPINNER, ER, BOOKKEEPER, etc	Hause	work	no physics - attendance	7418
10. Oate dece	r business in which was done, as SILK MILL, MILL, BANK, atc	2 / Spe	time (years) ent In this upation	Other Coatributary Cause of Importance: Programme	
12. BIRTHPLACE (State or o	city or town)	mob	d	Other Controllery Causes of Importance.	
13. NAME	Lesin	mana	64		
4 1.	CE (city or town) or country)	Jocom	obse	Neme of operetion Date of Was thera an	
	CE (city or town)	sy?	nom	23. If death was dua to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide? Date of Injury	g:
17. INFORMANT	Jertie	Brise	re	Where did Injury occur? (Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
(Address) 18. BURIAL, CREE	ATION, OR REMOVAL Wyonia C	imoata Fe	b-10,1936	Manner of injury	
19. UNDERTAKER	forman.	ods	ian d	24. Was disease or Injury in eny way related to occupation of decaesed?	
20. FILEO FE	6-10,1936	6 6	le allin	(Signed) & E beeling &	₩. M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis AD 0 100	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUNEAU V. S			
Other contributory causes of importance:	Section 1	Other contributory causes of importance:	2 1111
Gallstones	May 1,1923	Gastroentcritis	1 year

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARY	AND-CERTIF	FICATE	OF DEATH
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Village or City Market	1. PLACE OF DEATH	2054
Langth of residence in cyrect fown where death occurred by 15. Immers. 4. ds. How long in U. S. it of foreign bitch. 2. FULL NAME (a) Residence: No. Marion (Usual pine of shoots) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 9. SIRCLE, MARRIEO, WIOOWED 98. DOVERCED (write the word) 98. DOVERCED (write the word) 98. DOVERCED (write the word) 4. DATE OF BIRTH (month, day, end yaars) 1. DATE OF BIRTH (month, day, end yaars) 1. Days 1. ILESS than of one of work down as SILK MILL, SAW MI	County Omerses	Registration Dist. No. 26/
Length of residence in Cutyon from where death occurred. The standard of the control of the cont	Village or City Marion	
2. FULL NAME (a) Residence: No. Marion. (Usual place of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARKING, WIOOWED, PROPOYOUTH (Worth to word) 9. DIVIDENCE OF DEATH 22. DATE OF DEATH 23. SEX 4. COLOR OR RACE 5. SINGLE MARKING, WIOOWED, PROPOYOUTH (Worth to word) 9. DIVIDENCE OF DEATH 24. DATE OF DEATH 25. In marriad, widoward, or diverced Williams of the color of the c	Length of residence in city or town where death occurred 7% vrs // mos	death occurred in a hospital or institution, give its NAME instead of street and number)
(3) Residence: No. Mario (Usus place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIEO, WIDOWED, MOINTS SS. If married, widowad, or diverced (or) WHE of Months 6. DATE OF BIRTH (month, day, end yaar) White 24 8 5 6 7. AGE Years Months Days If LESS than 1 day	limin 6 mil	
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIEO, WIOWED. 98,0100RED (write the word) 4. COLOR OR RACE 5. SINCLE MARRIEO, WIOWED. 98,0100RED (write the word) 6. It married, widowed, or divorced HUSBAND of Work o	Con a . · · · · · · · ·	
2. SEX 4. COLOR OR RACE S. SINCLE, MARRIEO, WIOOWED SALVOYCED (write the word) WISDANO of (Work) of word of word of work of word WISDANO of (Work) Work of		
So. It married, widowad, or divorced HUSBANO (Month) 193 L 194 L 195 L 195 L 195 L 197 LATE OF BIRTH (month, day, end year) 19 L 1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8. Trade, profession, or particular kind of work done, as SPINNER, SAVER, BOOKEEFER, etc. 10 Date of Mills, Dark, and was done, as SIK MILL, SAV MILL, DARK, and Cistate or country) 12 BIRTHPLACE (city or town). 13 Is MAIOEN NAME 14 Is Is MAIOEN NAME 15 Is MAIOEN NAME 16 Is Is MAIOEN NAME 17 Is Is MAIOEN NAME 18 Is MAIOEN NAME 19 Is MAIOEN NAME 19 Is MAIOEN NAME 19 Is March of work done, as SPINNER, Soverer, etc. 10 Obset decreased last worked at 2 incompanion occupation of country) 18 Is Is MAIOEN NAME 19 Is MAIOEN NAME 10 Is BIRTHPLACE (city or town). 10 Is BIRTHPLACE (city or town). 11 Is Is REAL OF Costributory Causes of importance: 12 Is MAIOEN NAME 13 Is MAIOEN NAME 14 Is BIRTHPLACE (city or town). 15 Is BIRTHPLACE (city or town). 16 Is BIRTHPLACE (city or town). 17 INFORMANT 18 BURNAL CREMATION OR REMOVAL 19 Piece 19 UNDERTAKES 19 Is MAIOEN NAME 19 Is MAIOEN N		Leb 28 193 L
6. DATE OF BIRTH (month, day, end yaar) NCh 24 / 85 b 7. AGE Veers Months Days ITLESS than 1 day,	5a. If marriad, widowad, or divorced HUSBANO of	
7. AGE Years Months 1 dayhrs. ormin. 8. Trade, profassion, or particular ind of work done, as SPINKER, SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. SAWYER, BOOKKEPER, etc. SIndoustry or business in which work was done, as SILK MILL, SAWILL, BARK, etc. 10. Date daceased last worked at this occupation month and year) 12. BIRTHPLACE (city or town). (Stata or country) 13. NAME Well, BARK BELLOW, And Andrew What test confirmed diegnosis? Was there en autopsy? 14. BIRTHPLACE (city or town). (Stata or country) What test confirmed diegnosis? Was there en autopsy? 23. If dash was due to axternal causes (VIOL ENCE) fill in elso the following: Accident, soicide, or homicida? Name of operation. What test confirmed diegnosis? Was there en autopsy? 24. Was disease or injury in any way related to occupation of daceased? If so, specity		Olevel The REBY CERTIFY, That I attanded deceased from
7. AGE Years Months Days If LESS than 1 (day. hrs. or min. If PRINCIPAL CAUSE OF DEATH and related causes of importance were, as follows: 8. Frade, profession, or particular in the control of the principal of	6. DATE OF RIRTH (month, day, end year) Rely, 24 /85 b	last saw h aliva on 19 death is said
Trade, profession, or particular were, as clowers as following: 8. Trade, profession, or particular were, as clowers as following: 8. Trade, profession, or particular were, as clowers as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, atc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OFFIREMOVAL Place 19. UNDERTAKER 19. MARCH ALL 19. UNDERTAKER 19. U	7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 5.43 Pm.
S. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BARK, atc. 10. Date daceased last worked at spant in this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME ALMY A Milk BARK HOLD A MARK 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME A A A Mark	19 11 14	were se follows:
9. Industry or business in which work was done as St. K. M.L., SAW MILL, BANK, atc. 10. Date daceased last worked at this occupation (month and para) and para occupation occup	8. Trade, profassion, or particular kind of work done, as SPINNER.	Corring Hisaberro
Swinkle, Bank, atc. 10. Date daceased last worked at this occupation (month and part) (Stata or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION OF REMOVAL Place 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 10. Date daceased last worked at this occupation in this occupation (month and part) (Signad) 10. Date daceased of importance: Other Contributory Causes of importan	H- I	Υ
12. BIRTHPLACE (city or town). A writer of causes of importance: (State or country) 13. NAME 14. BIRTHPLACE (city or town). Marion (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town). Marion (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION OF REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Coccupation Other Coatribatory Causes of importance: (Chrice During Line Selection What test confirmed diegnosis? Was there en autopsy? Was there en autopsy? 23. If dasth was due to axternal causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicida? Date of Injury. Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury. Nature of injury. Nature of injury. Nature of injury. 19. UNDERTAKER (Address) Manner of Injury. Nature of injury. Nature of injury. Nature of injury. Nature of injury. (Signat) Arraya Countleman M. O. M. O.	work was done, as SILK MILL, SAW MILL, BANK, atc.	
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Whare did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. (Addrass) 18. BURIAL, CREMATION OR REMOVAL Place Place Oate Pach 2, 19 3 6 Nature of injury 19. UNOERT AKER (Address) 19. UNOERT AKER (Address) 19. UNOERT AKER (Address) 19. UNOERT AKER (Address) (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. Nature of Injury 24. Was disease or injury In any way related to occupation of daceased? If so, specity (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. (Signal) (Signal) (Signal) Manner of Injury (Signal) (Signal) (Signal) (Signal) (Signal) (Signal)	[16. BIRTHPLACE (city or town) Marion	Accident, suicide, or homicida?
17. INFORMANT (Addrass) 18. BURIAL, CREMATION OF REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILEO 21. INFORMANT (Address) Specify whether trijury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. Manner of Injury Nature of injury 24. Was diseasa or injury In any way related to occupation of daceased? If so, specify (Signad) (Signad) M. O.	(State or country)	Whare did injury occur? (Specify city or town, county and Sasta)
Placa) To a Composition of the property of the place of the property of the place		Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
19. UNOERTAKER ADM A Broker 24. Was disease or injury In any way related to occupation of daceased? (Address) 19. UNOERTAKER ADM (Signad) 19. UNOERTAKER ADM (Signad) 19. UNOERTAKER ADM (Signad) 19. UNOERTAKER ADM (Address) 19. UNOERTAKER AD	The half	
20. FILEO 3/V, 1936 Gurelea 2. Lawson (Signad) Sange C Coulling M. O.	Placa 12 ugus CM Oate / NEW Q , 19 3.	Nature of injury
20. FILEO 3/V, 1936 Gurelia 12. tawson (Signad) shuge & Coulling M. O.		
	20 5450 3/V ,36 Gurelea 12. Dayson	and the state of t
Augusta. (Augusta)	ZO. FILEO Registrar.	(Address) monna mo

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	Example I		Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	MPD 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURRAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:	111111111111111111111111111111111111111	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	CERTIFICATE OF DEATH 2055
County Onus of Village or City Curful of	Registration Dist No. 270 Registration Dist No. 270 Registration Dist No. 270 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) nos. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Consul Actson (a) Residence: No. No Smered Care (Usual place of abode)	nos. ds. How long In U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (surice the word)	21. DATE OF DEATH (Month) (Day) (Year)
58. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 1932, 19, to FL 1935
STAGE Years Months Days If LESS than 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Kind ot work done, as SPTNNER, SAWYER, BOOKKEEPER, etc. 9. tindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (yeers)	Data of onsat Court Del J Heart Data of onsat La 15
NIGV Part (State or country) 12. BIRTHPLACE (city or town) (State or country)	Other Coatributory Causes of Importence: Observa Cust regulo bases Union representation
14. BIRTHILACE (city or town)	Name of operation Date of Was there an autopsy?
IN TOTAL THE TOT	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, sulcide, or homicide?
(Address) 18. BURIAL, CREMATION OR REMOVAL) Place T Lily Cen Date Let 20 19 3	Manner of Injury
Plece Of the Date of D	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of death and related cause of importance were as follows:		Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			= 45.1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	TREAD 20
County (O reliant	O Registration Dist. No. 2.70
Village or City Crussield	Noth & ready Hemorif Hostital Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidenca in city or fown whare death occurredyrs	ds. How long in U.S. if of foreign birth?ds.
2. FULL NAME Chules Horman / an	If U. S. Veteran, specify WAR
(a) Residence: No. Wardo Crossingo	\$t., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	Telescocy 12 193 6
So If married widowed or diseased	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	27. I HEREBY CERTIFY. That I attended deceased from
with the trans	Jan. 26th 1936, 10 Feb. 12th, 1926
6. DATE OF BIRTH (month, day, and year) dec 13 1881	Clast saw him alive on FM. 12 , 1954; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 3: 27 m.
34 / 29 f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Frade, profassion, or particular kind of work done, as SPINNER, Maleuman. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 9 and this occupation (month and this propagation (month and this propagation (month and this propagation).	acute dilitation of heart
9. Industry or business in which work was done, as SILK MILL,	Intestina Nemontoge
SAW MILL, BANK, etc	
this occupation (month and 1936 occupation o	
12. BIRTHPLACE (city or town) Crusheld	Other Contributory Causes of Importanca:
(State or country)	Herendand
# 13. NAME Lavis Parks	A . 1 × 16.
13. NAME LOVIS POUSS 14. BIRTHPLACE (city or town) accorde County (State or country)	Name of operation Alexander They be Date of Fach. 7 - 1
(State or country)	What test confirmed diagnosis? Clinical Pulkelog Was there an autopsy? Here
15. MAIDEN NAME Louise Jama	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Source Saura 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
≤ (State or country)	Where did Injury occur?
17. INFORMANT Mis Clamie Porlas (Addrass)	(Specify or town, couoty and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place S. Felero lem. Data Fet 16, 1936	Nature of injury
19. UNDERTAKER JOJN albyedsfan	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) Compelly my	If so, specify
20. FILED Jeb. 16., 1936. C. E. Collens. Registrar.	(Signed) C. J. Donus M. D. (Address) C. risfuld, maryland
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

11 ...

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Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:		1	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAGELLED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 9 1888	July 5,1927	Peritonitis	3 days ago
	MURIAU W. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state acb. Every item of infor-

Exact statement of OCCUPA-A PERMANENT RI stated EXACTLY. properly classified. FOR BINDING UNFADING INK-THIS IS ARGIN RESERVED pe AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

WRITE PLAI

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	W.T.W.I.T.	946	
County Somerset	WITHIN THE COF	RPORATE LIMITS OF Registration Dist. No.	65-
Village or City Crisfie	1 d	No. 11 N Somerset Ave st	Ward
Length of residanca in city or town where	daath occurred 60 yrs. 0 mos	f death occurred in a hospital or institution, give its NAME instead of street and s	number)
2. FULL NAME Herbert		If U. S. Veteran, specify WAR	
(a) Residence: No. 11 N S	omerset Ave	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH	
M W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Osy)	, 193 (Yaar)
5a. If married, widowed, or divorced HUSBANO of Gor) WIFE of Helen	Richardson	22 HEREBY CERTIFY That attended	deceased from
	eh 3 1876	Hast saw be allowed years 72, 195 (deeth is seid
7. AGE Years Months	Oays If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 2 A m.	
60 0	4 ormin.	The PRINCIPAL CAUSE OF DEATH and related eauses of importance were es follows:	Oate of enset
8. Trade, profassion, or particular kind of work done, as SPINNER,	Meechant	Caronay houlder	
SAWTER, DUUNNEEPER, BIC		Indeste Heath	-
A. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	Shoe Store	The state of	
O Dete daceasad last worked at this occupation (month and	b 11. Total time (years) 25		-
yaar)	936 occupation	Other Contributory Causes of importance:	-
12. BIRTHPLACE (city or town) Crist			
(State or country)] [d		
13. NAME James D	Richardson		
	ocomoke	Neme of operation Data of	
(State of Country)	Md	Whet tast confirmed diegnosis? Was there an	autopsy?
15. MAIOEN NAME Demri		23. If death was due to externel causes (VIOLENCE) fill in also the following	
15. MAIOEN NAME Demri 16. BIRTHPLACE (city or town)	Pocomoke Md	Accident, suicide, or homicide? Date of injury	, 19
- (State of country)		Where did injury occur? (Specify city or town, county and Sta	te)
17. INFORMANT Mrs Harvi (Address) Cri		Spacify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	7.1.0	Mennar of injury	
Place Princess Anne	Oeta Feb 9 , 19 36	Neture of injury	
19. UNDERTAKER JOHN UI	radshow	24. Was disaase or injury in any way related to occupation of daceased?,	No
(Address) Crusti	ild and	If so, specify)
20. FILED 756-1936	le Edwardin	(Signad)	Zan M. D
	Registrar.	(Address) Circle of	

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Example-I		Example II	
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Arteriosclerosis MAD 0 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	G INK-THIS IS A PERMANENT IN ORD. Every item of infor-GE should be stated EXACTLY. PHYSICIANS should state	hat it may be properly classified. Exact statement of OCCUPA-	
	RD. Every	statement	
	T han K	Exact	
NDING	RMANEN'X A C T L	classified.	
FOR BI	IS A PE	properly	
RESERVED FOR BINDING	INK-THIS	hat it may be properly	

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OF DEATH

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MARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County___ Registration Dist. No. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? vrs. mos. ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH ghled (Day) (Year) 5a. If marriad, widowed, or divorced HUSBAND of TIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Davs If LESS than to have occurred on the date stated above, at. 1 day....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or ____ min. were as follows Data of onset 8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. .. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc O. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). Name of operation. (State or country) What tast confirmed diagnosis?.. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicida?______ Date of Injury______ 19_ 16. BIRTHPLACE (city or town) (State or country Where did injury occur? ... (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFDRMANT (Address) 18. BURIAL CREMATION, DR Manner of injury Natura of injury___ 24. Was disease or injury in any way ralated to occupation of deceased? 19. UNDERTAKER (Addrass) If so, specify (Signad)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
the free cut frameworks (see as a second of the cut of				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

M S	N. B.—WRITE PLARALY, WITH UNFADING INK—THIS IS A PERMANENT KECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
FOR BINDING	IS A PERMANE stated EXACT properly classified extificate.
MARGIN RESERVED FOR BINDING	WRITE PLANKLY, WITH UNFADING INK-THIS IS A PER mation should be carefully supplied. AGE should be stated E. CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLATELY, mation should be care CAUSE OF DEATH i TION is very importa

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 20	5.9
1. PLACE OF DEATH		3 20	
County Somehalt		Registration Dist. No. 270	
Village or City Chip full		No. In Creaty memorial that st.	Ward
Length of residence in city or town where deall		f death occurred in a horpital or fishitution, give its NAME instead of street and nurse	
2. FULL NAME A les &	1.61.00		
(a) Residence: No.	achiaco -	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and St	alc
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
MW	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Fil. 27 (Month) (Day)	193 ((Yaar)
a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That I attended de	
S. DATE OF BIRTH (month, day, and year)	11.1936	I last saw h alive on, 19	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	
0 0	O l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER,		Still born infant	Pate of onser
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
		due to pulapsel fort + Shreller	
SAW MILL, BANK, etc	11. Total tima (years) spent in this	presenta	
year)	occupation	Other Cuntributury Causes of Importance:	
2. BIRTHPLACE (city or town) Chips	eld		
(State or country)			
13. NAME Rayment 11 14. BIRTHPLACE (city of town) Line	eliling		
14. BIRTHPLACE (city of town)	-ald	Name of operation Date of	
i DOTT	0 . 1441	What test confirmed diagnosis?	opsy?
15. MAIDEN NAME Jung	id d	Accident, suicida, or homicida?	19
(State or country)	int;	Whera did injury occur?	, •
17. INFORMANT VLAS LA LLES (Address)	ou Steeling	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOTAL Place Fawsonia Cen	Date Freb 28, 193 (Manner of injury	
15 UNDERTAKER John A B. (Addless) Crise	rachhaw	24. Was disease or injury in any way related to occupation of deceased? 24	
20. FILED 768-27, 1936. C. E	Cel.	(Signed)	М.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

N. B.—WRITE PLAINEY

N.A	infor	state	UPA-	
	item of	should	\$-00C	
	Every	CIANS	ement	
4	9	YSI	stat	
	RIL	7. PH	Exact	
ARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RESCAL. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
S	RMA	XA	clas	1
[B]	PE	d E	erly	cate
FOF	IS A	state	prope	10N is very important. See instructions on back of certificate.
0	HIS	be	pe	of
RVI	1	plno	may	back
ESE	INK	Sh	t it	on
RE	SN	AGE	tha	ions
NIE	ADI	d.	8, 80	ruct
AR	NE	pplie	erm	inst
1	H	ns A	ain t	See
	WIT	llnje	ld u	nt.
4	S.	car	TH	orta
	AIN	d be	DEA	imi
	PL	hould	OF I	very
	TTE	s u	SE	IIS.
	WR	natio	AU	TON

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE (OF DEATH	4		107-0	***************************************	A ~-
County Village or	City Cariss	ielel M	M RIFE	Pr. No.	Registration Dist. No.	St. Ward
Length of re	sidence in city or town where	deeth occurred		death occurred in a hospital or institu		
2. FULL NA	Ø.	9 11	There are			
	1	1011	and a	If U. S. Veteran,	Specify WAR	******
(a) Reside	ence: No.	(Ustal place	of abode)	St., Ward.	If nonresident give city or t	town and State
PERSO	NAL AND STATIST	TICAL PARTI	CULARS	MEDICAL C	ERTIFICATE OF DE	ATH
3. SEX Male	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	3 29 (Month) (Dev)	, 193.6
5a. If married, wide	owed, or divorced	()	1		(month) (bey)	(1601)
(or) WIFE of					Y CERTIFY, That I	
	(2.	10 41-		., 19, to	
	(month, day, and year)	an, 12	1935	I last saw h elive on	411	, 19; death is said
7. AGE	ears Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stete The PRINCIPAL CAUSE OF DEAT		ince
	/ / /	1//	ormin.	were as follows:	A Compared Courses of Importa	Date of onset
kind of	fession, or particular work done, as SPINNER,	none		and for	nd draw m.	Soul
9 Industry or	R, BOOKKEEPER, etc business In which	,0,,00		the sound t	to me elect is	tolub
work w	as done, as SILK MILL, ILL, BANK, etc			from Brown	chopumuni	a
U 10. Date decee	esed last worked at	11. Total t	ime (years)			
	cupetion (month and	occi	nt in this upation			
12. BIRTHPLACE (situar town Som	uset		Other Contributory Causes of impo	ortance:	
(State or co						
E 13. NAME	havis It.	Aleste				
13. NAME 14. BIRTHPLAC	CE (city or town) Ore	rheld	7	Neme of operation		Data of
(State	or country)	hol				10
	Q	0 16	1	What test confirmed diagnosis?		
E	1	i. Syr	ince	23. If death was due to external car		
O 16. BIRTHPLAC	CE (city or town)	nac les	Du	Accident, sulcide, or homicide?		y, 19
- (Stete	() · m	max ces	, , ,	Where did injury occur?	(Specify city or town, county	y and State)
17. INFORMANT (Address)	Enofield	md.	ng	Specify whether injury occurred in	n INDUSTRY, In HOME, or in PU	JBLIC PLACE.
	ATION, OR REMOVAL	41	1 4	Manner of Injury		
Place	wury	DateS	2 ,1936	Nature of injury		
19_ UNDERTAKER _ (Address)	J. J. Lan	uson t	Sould n	24. Was diseese or injury In any w	vey related to occupation of dece	ased?
200-	b 0 20 0	800	0:	(Signed) ale	V ROTA	
20. FILED . I.Y. VQ	DL 2, 1926. L	J.C. LOL	Registrar.	(Address) C		
			-1.5,20,01.	(1.301033)	y weeks M	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as fellows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 2061
County Somerset Con	Registration Dist. No. 2 70
Village or City Mr. Crishield, Md.	
0,000 (11	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidanca in city or town where dasth occurred Live Lysupos	ds. How long in U.S. If of foraign birth?yrsmosds.
2. FULL NAME Kashel Mariah Wil	Ching If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St. Ward. If nonresident give gity or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	21. DATE OF DEATH (Month) (Day) (Day) (Day)
5a. If marriad, widowed, or divorced HUSBAND of	Market Ma
(or) WIFE of Oliver Sterling	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) May 18 20 1854	I last saw h Recalive on February 1936; death Is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data steted abova, at 2m.,
81 9 11 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralaiad causas of importance ware as follows:
Z 8. Trade, profession, or particular kind of work done as SPINNER	Browles - pre-ensemble 7 de 19
kind of work done, as SPINNER, Househoefer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	arternoslavous
work was dona as SII K MIII	
SAW MILL, BANK, etc	
year) occupation occupation	Other Contributory Causes of importenca:
12. BIRTHPLACE (city or town) Copes fills 1	
(State or country)	
13. NAME Juney Lawes,	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diegnosis? Change Was there an autopsy? W
E CONTRACTOR	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicida, or homicida? Date of injury, 19
17. INFORMANT Capt Gus Lawes Medi	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Usbury Eurologopata Melo 18, 1936	Nature of injury
19. UNDERTAKER J. S. Pannon (Address) Circled Md	24. Was disaase or injury in any way related to occupation of decaased? WO
20. FILED Feb. 26, 19 36. L. Collins. Registrar.	(Signad) La lay ton M. D. (Addrass) Cris feeld, Well
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis MAR 9 1931	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SUREAU V. S		·		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
Other contributory causes of importance:	May 1,1923		1	

1 3 4 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 2062
infor- state UPA.	1. PLACE OF DEATH	WITHIN THE CORPORATE LIMITS OF
SES A	County Somesel Co.	Registration Dist. No. 265
item of should of OCC	Village or City Cresfield, Md.	No. St., Ward
= 0	Length of residence in city or town where death occurred whole visiting	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
ORD. Every PHYSICIANS ct statement	2. FULL NAME Onnie B. Fames.	
D. F SIC	(a) Residence: No. Main	St. Ward.
t HY St	(Usual place of abode)	If nonresident give city or town and State
Red PF Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR_OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
[X] .	male While OR DIVORCED (write the word)	Month) (Day) (Year)
BINDING PERMANEN EXACTI y classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Same's & James.	22. 1 HEREBY CERTIFY. That 1 attended deceased from
A Ext.	6. DATE OF BIRTH (month, day, and year) Nov. 10 th 1867	I last saw have alive on the least legal to 18% death legal
PE Bd E	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 130° \mathcal{A}_{1-m} .
FOR B. IS A PE stated E properly certificate	68 3 /6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER,	Darcelyse agrand
TH d p	SAWTER, BUUNNEEPER, etc.	aglugues de
ERVI VK_T should it may n back	SAW MILL, BANK, etc	- La : Done tule
of the time	10. Date deceased last worked at this occupation (month and year)	
	Circial hal	Other Contributory Causes of importance:
LARGIN R UNFADING upplied. AG terms, so th	12. BIRTHPLACE (city or town)	Jan again grand
IARGI UNFAI supplied. n terms, ee instru	13. NAME N. Wesley James.	
b to to a	13. NAME V. Wesley James. 14. BIRTHPLACE (city or town)	Name of operation. Date of
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(State of Country) Connected to	What test confirmed diagnosis Was there an autopsy?
INLY, WITH be carefully EATH in pla	I Company	23. If death was due to external causes (VIOL ENCE) fill in also the following:
LY	5 16. BIRTHPLACE (city or town) Sommer & Man	Accident, suicide, or homicide?
PLAINLY, hould be can OF DEATH	17. INFORMANT O. L. Yawes Ir. (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION, DR REMOVAL	Menner of injury
	Place Lisbury lene leng Date Jel, 28 , 1936	Nature of injury
	19. UNDERTAKER S. S. Lawoon M. (Address)	24. Was disease or injury in any way related to occupation of deceased?
N. S. No.	20. FILED Feb 26, 1936. C. & Colleges Registrar.	(Signed) M. D.
(1)	If more blanks are needed address State Periodean	Acros M. Charles Street Bulliana B. P. S. S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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>-A6A	mi	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
7	1915 1921 July 5 , 1927	1915 Attack of epilepsy 1921 Run over by street car Vuly 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER S'	STATEMENTS	BY	PHYSICIAN
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DING	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RESORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2063
1. PLACE OF DEATH	
County Omlast	Registration Dist. No. 270
Village or City Cresheld	No. Now Consult St. Ward
(III	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmos	ds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME JUMB VILLEN 1049	If U. S. Veteran, specify WAR
(a) Residence: No. Form Plear Cenfield (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH YOU
OR DIVORCED (write the word)	+ Ch (3 ,193 6
5a. If merried, widowed, or divorced HUSBANO of	(Month) (Day) (Year)
(or) WIFE of Virginia Taylor	22. I HEREBY CERTIFY. Thet I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer) Law 3 1868	2-1-17
6. DATE OF BIRTH (month, day, end yeer) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I last saw h alive on, 19.76; deeth is said to heve occurred on the date steted above, et 3.30 mm.
68 1 12 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
	were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Comme Interstation
Industry or husiness in which	
work wes done as SILK MILL.	hell 1998
work wes done, as SILK MILL, SAW MILL, BANK, etc	rephritis 1943
work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceesed last worked at this occupation (month and / Q 2 5 5 pent in this	rephritis 1993
work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dete decessed last worked at this occupation (month and 1935 spent in this occupation (month and 1935).	Other Contributory Causes of Importence:
work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed last worked at this occupation (month and / 9.3.5 spent in this occupation (month and / 9.3.5 occupation). 12. BIRTHPLACE (city or town).	
work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceesed last worked at this occupation (month and / 935 spent in this occupation (month and / 935 spent in this occupation). 12. BIRTHPLACE (city or town) Cecomor County (State or country)	
work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceesed last worked at this occupation (month and / 935 spent in this occupation (month and / 935 spent in this occupation). 12. BIRTHPLACE (city or town) Cocorror County (State or country)	Other Contributery Causes of Importence:
work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceesed last worked at this occupation (month and 1935 spent in this occupation (month and 1935 spent in this occupation). 12. BIRTHPLACE (city or town)	Other Contributery Causes of Importence: Name of operation
work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dete decessed last worked at this occupation (month and 1935 spent in this occupation (cut) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Nixom Toylor 14. BIRTHPLACE (city or town) (Stete or country) 15. Significant or country 16. Significant or country 17. Significant or country 18. Significant or country 19. Significant or country 19. Significant or country 19. Significant or country 10. Dete decessed last worked at this occupation or country or country or country 11. Total time (years) ? Spent in this occupation or country	Other Contributory Causes of Importence: Name of operation
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work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed last worked at this occupation (month and / 935 spent in this occupation (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNOERTAKER 11. Total time (years) Spent in this occupation occupation occupation occupation occupation Spent in this occupation occupation occupation occupation occupation Spent in this occupation occupation occupation occupation occupation Spent in this occupation occupation Spent in this occupation occupation occupation Spent in this occupation occupation Spent in this occupation occupation Spent in this oc	Other Contributory Causes of Importence: Name of operation

V. S. No. 1

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10.—The month and year the deceased last worked at the occupation.

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Example I	fi	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	157-01
County Sourcest	Registration Dist. No. 267
Village or City Pococco les Centry	No. U, Ta Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residenca in city or town where death occurredyrsn	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Gerbert Co. Wat	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE ON DIVORCED (write the word)	21. DATE OF DEATH 19 (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFT That I attanded decaased from
6. DATE OF BIRTH (month, day, and year) Hel. 27-1936	1 last saw h. alive on St. 1984 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a 7,440 Q, m.
5 11 23 1 day,hi	
	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	
Industry or business in which work was dona, as SILK MILL,	- mysele internal mayor
SAW MILL, BANK, etc) tychocefolus
this occupation (month and spent in this occupation occupation	
1 The same of the	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	/
13. NAME Gladstore Hater	
14. BIRTHPLACE (city or town) Source per Country)	Name of operation Date of
(Stata or country) Und,	What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAMES alpee Sore 9	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury, [9
(State of country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT BUSINESS MALES	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
to pace The 20,193	
19. UNDERTAKER Gerseon & Struccuson	24. Was diseasa or injury In any way related to occupation of decaased?
(Address) Pococcole Cute Mis.	If so, specify
20, FILED Feb. 19 1936 Mrs. Samuel Scott	(Signed) A. J. arleying M. D.
Registrar.	(Address) Tolor more City
If more blanks are needed, address State Registr	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jaky 5,1927	Peritonitis	3 days ago
(P. 100 0)			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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OF DEATH

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1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hopital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? ______ wrs. ____ mos. ____ ds. Langth of rasidence in city or town where death occurred 2. FULL NAME (a) Residence: No. Ward. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 5. SINCLE, MAKKIED, WIDOWED, OR DIVORCED (write the word) (Day) (Year) 5a. If married, widowed, or divorced, HUSBAND of 22. HEREBY CERTIFY. That I ettended deceased from (or) WIFE of 1 lest saw h ____ alive on 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Months Days tf LESS than to have occurred on the date steted above, at Y. 1 dey,____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 35 or min. Date of onset 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (yeers) this occupation (month and spent in this 20 12. BIRTHPLACE (city or town) (State or country 13. NAME FAT Name of operation 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?. Wes there an autopsy? HER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT 16. BtRTHPLACE (city or town). (State or country) Where did injury occur? ___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of injury. 24. Was disease or injury In any way releted to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	8 × 0/6
County Somerell	Registration Dist. No. 268
Village or City Deal Solund Md	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Blitton Baly Webster	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	, tan,
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 40.76., 19.36. to Fels 26
6. DATE OF BIRTH (month, day, and year) 2-26-36	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
I dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- La male play
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
0 10. Date deceased last worked at this occupation (month and spent in this	2 months
year) occupation	Other Contributory Causes of Importance :
12. BIRTHPLACE (city or town) Doal Land 100	College Colleg
(State or country)	
13. NAME Edward Col Velocia 14. BIRTHPLACE (city or town) Wensen md	
(State of country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 1.10
IS. MAIDEN NAME Esther France Wellster	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Esther from Ullister 16. BIRTHPLACE (city or town) Leads folgers 71 (State or country)	Accident, suicide, or homicide?
17. INFORMANT Edward Ed Welter (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Doals Island My Date tel 200 , 19 36	Nature of injury
19. UNDERTAKER F. T. (1) el to	24. Was disease or injury in any way related to occupation of degrased?
lieben as D- malt	(Signed) M.D.
20. FILED TO THE POST OF THE Registrar	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

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En .	Example I	1/0	-11	Example II	
The principal cause of of importance were as f	death and related collows:	aušes [The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1026	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	is till its	1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	PUPPAU	VS	July 5,1927	Peritonitis	3 days ago
	many hardware A woman		1]		
Other contributory caus	ses of importance:			Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	1 year

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1. PLACE OF DEATH

Village or City DEALS ISLAND

County

rion is

V. S. No. 1

19. UNOERTAKER

PHYSICIANS act statement	(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	St., Ward.
TT R. L. Y.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DE
A	5a. If marriad, widowed, or divorced HUSBANO of COT) WIFE OF WORD OF WORLD	22. THER
erly cl	6. DATE OF BIRTH (month, day, and year) May 6/83-2 7. AGE Years Months Days If LESS than	I last saw h_L2L allv
be properly of certificate	83 9 4 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	The PRINCIPAL CAUSE were es follows:
back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years)	
on	10. Oate dacaasad last worked at this occupation (month and year)	
instructions	12. BIRTHPLACE (city or town) DEALS ISLAND, MD. (State or country)	Other Contributory Cause
See instr	13. NAME Jussie Steveth. 14. BIRTHPLACE (city or town) (State or country)	Name of operation
rtant.	15. MAIOEN NAME Eliza Nebster 16. BIRTHPLACE (city or town)	What tast confirmed diagr 23. If daath was due to axt Accident, suicida, or homi

STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist. No. No. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) U.S. if of foreign birth? If nonresident give city or town and State AL CERTIFICATE OF DEATH ATH FRY CERTIFY. That A attanded dacaased from and related causas of importance ----- Was there an au'opsy? arnal causes (VIOLENCE) fill in also the following: Where did injury occur? (Specify city or town, county and State)
occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Mennar of injury If so, specify (Signad)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUPPAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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properly classified.

CAUSE OF DEATH in plain terms, so that it may be

B.—WRITE PLA

STATE OF	MARYLAND	-CERTIFICATE	OF	DEATH
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 2068
1. PLACE OF DEATH	<u> </u>
County Dorgerock	Registration Dist. No. 260
Village or City Trierces Cler	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Tola Illi / 1/2/s	ion , x
(a) Residence: No. W Preuses Que	ast. Euro
· (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curric the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of M.	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) aby 1818784858	lest sew he elive on one of the said
7. AGE Years Months Days If LESS than	to heve occurred on the date toled above, at 5-A-m.
57.38 19— 23— 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked etc. 11. Total time (yeers)	Deabetes Millilies Inde
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Problem 2001	Dther Contributary Causes of importance: acut Myseaulin
	Failure Oher.
13. NAME Source 14. BIRTHPLACE (city or towns 14. BIRTHPLACE)	Name of operation. Date of Date of
(State of Country)	What test confirmed diagnosis? In Was there an autopsy?
15. MAIDEN NAME LEGICAL LOUIS	23. If death was due to external causes (**10h ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or appetrs)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify Or or town, county and State)
17. INFORMANT (Address) (Address)	Specify whether injury occurred in INDUSTRY, in HDM2, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Date True 1936	Manner of injury
Place Telig Date TeV 1936	Neture of Injury
19. UNDERTAKER (Address)	24. Was disease or injury in any wey releted to occupation of deceased. If so, specify
20. FILED Teb- 14, 19 / Auch Registrar.	(Signed) A Mully M. D. (Address) A Musica Caree Ven
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	-137
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAD 6 1999	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
* FAU V. S.	1		
Secretary contract data product (Consent)	estimate and the second		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS	BY PHYSICIAN
See letter under Smith 4-15-36	Regula L.D.

V. S. No. 1

STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH	2069
1. PLACE OF DEATH			(3) ×	17
County Somers	a †		Registration Dist. No.	6-
Village or City	Oemou		NoSt.,	Ware
Length of residence in city or lown w	where death occurred		death occurred in a hospital or institution, give its NAME instead of street a	
2. FULL NAME Atm	10 102:	maor		
(a) Residence: No. 24	ame, h	21,#,	St. Ward.	¥.
	(Usual place	The second secon	If nonresident give eity or town	
PERSONAL AND STAT			MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)		21. DATE OF DEATH 7eb 15th (Day)	, 193 6 (Year)	
5a. If muried, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I atten	ded decaasad from
6. DATE OF BIRTH (month, day, and year)	Unidno	we 1868	last saw harman alive on Feb 13 19	6 ; death is sai
7. AGE Years Month		If LESS than	to have occurred on the data stated above, at 6 : 554m.	
serve 68 -		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	100
8. Trade, profession, or particular kind of work dona, as SPINNEI SAWYER, BOOKKEEPER, etc.	. Lebot			Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	7a+ m		Chronic Interstitial Napariti	4.6.61
O Date deceased last worked at this occupation (month and year)	11. Total ti span occu	nt in this 50 yrs	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	sot Count	व, गांथ.		
14. BIRTHPLACE (city or town)	winder	1		
14. BIRTHPLACE (city or town)(State or country)	marcat C	o. Tipe	Name of operation Date of What test confirmed diagnosis? Was there	: .1
15. MAIDEN NAME &	a ldarri	5	23. If death was due to external causes (VIOLENCE) fill in also the follo	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country)	Tit ven	47	Accident, suicida, or homicide? Data of Injury Where did injury occur?	
17. INFORMANT / Remas (Address) T/+ Us	Wind	let.	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Versue	Date Fleb.	18 19136	Manner of injury	
19. UNDERTAKER OF CANADA CANAD	Ver hie	Life.	24. Was disease or injury in any way related to occupation of decaased:	
20. FILED # 18, 1936. D	Stephen O. a	Hellens Registrar.	(Signed) Goden (Address) Precess Agence	700 M.
If	more blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No.	1

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		Maria Company	

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